

CABLE TELEVISION COMPLAINT FORM

COMPL	AINT#	
1.17.7.1.1.1	A 1 17	

City of Morgan Hill – City Manager's Office 17555 Peak Avenue, Morgan Hill, CA 95037 Phone: (408) 779-7247 Fax: (408) 779-7236

Date				
Name	Phone Number			
Address				
CABLE COMPANY TELEPHONES:	O Can't Reach	O No Return Call	OLong Hold/Ho	w Long?
	O Courteous	O Discourteous	O Helpful CSR	O CSR Unhelpfu
A. INSTALLATION PROBLEM 1. O Wants to Order Cable 2. O Missed Appointment 3. O Damage/Poor Work 4. O Equipment Malfunction 5. O Bad Picture 6. O Method of Wiring 7. O Installer 8. O Other B. SERVICE PROBLEM 1. O Request for Repair 2. O Missed Appointment 3. O Converter Problem 4. O Bad Picture 5. O Disconnect	Channels Previous		PLAINT:	
5. O Disconnect 6. O Reconnect (wants) 7. O Upgrade/Downgrade 8. O Additional Outlet 9. O Other C. BILLING PROBLEM 1. O Error/Overcharge 2. O Rate Question 3. O Refund Not Received 4. O Converter Not Picked Up				
 5. O Converter Not Returned 6. O Disconnected for Non-Pay 7. O Cancelled, Receiving Bills 8. O Payment Not Credited 9. O Upgrade/Downgrade Not Credited 10. O Other 		(FOR OFFIC to (at cable compa uken By (to be fille	• /	
D. CONSTRUCTION PROBLEM 1. O Area Not Wired For Service 2. O Damage/Poor Work 3. O Wire on Non-subscriber Property 4. O Method of Wiring 5. O Other				
E. OUTAGE First Noticed Restored F. MISCELLANEOUS 1. O Programming Content/Complaint 2. O Advertising/Marketing 3. O Customer Service Hours 4. O Customer Service Availability 5. O Other	HANDLE. DATE CO	D BY: OMPLETED BY CHA	ARTER COMMU	NICATIONS: